

## **End of Life Issues Committee Minutes**

Tuesday, June 4, 2002

1. Review of Assignments and Information/Materials Collected.
  - a. Data
    - i. Reviewed state plans from Arkansas, Michigan, Texas and North Carolina
    - ii. Reviewed cost benefit resources
      1. Letter citing preliminary results of Hospice Care Cost Study by Milliman & Robertson, Inc.
      2. Resources from NHCPO,
      3. DHHS and
      4. HealthCare Cost Commission
      5. The Cost of Care (brochure)
      6. Harris Interactive Study
    - iii. Licensed in-patient hospice beds
      1. Kate presented information obtained from website pertaining to bed numbers, but determining actual licensure will require additional inquiries
    - iv. Reimbursement Rates (regional variances)
      1. Regional variances are suspected, but have yet to be specifically substantiated.
  - b. Liaison programs in hospitals
  - c. Palliative Care Teams – Jeanette Ellis shared the successes of the Carroll County model
    - i. Advanced training and med/surg background
    - ii. Hospice pain service
    - iii. Ethics Cmte/ Medical Review Cmte
    - iv. Case Management & Discharge planning
    - v. High visibility with hospital staff
    - vi. Support of doctors and hospital staff needs in the areas of:
      1. berevment counseling
      2. death as the enemy
    - vii. Pain liaison between patient, staff and home

- d. Medical and Nursing School Curricula – deferred
  - e. Pediatric End of Life – deferred
  - f. Managed Care – deferred
  - g. Nursing Homes
    - i. Bill Vaughan spoke with regard minimum standards and regulations, reimbursement and Medicaid.
    - ii. Questions regarding EverCare were raised
      - 1. What % of EverCare patients die in hospice?
      - 2. When are they referred to hospice?
    - iii. Use of psychotropic medications in nursing homes have a justified use
2. Continue to discuss and refine the development of key issues, possible legislation needed and recommendations.
- a. The following legislative/ recommendations have been made:
    - i. Non-JHACO accredited facilities, especially nursing homes, should be required by regulation to use the 5<sup>th</sup> Vital Sign.
    - ii. Mandates for Hospice Screening
    - iii. Mandates for End of Life Care Assessment